

# TAFCE STATE PROJECTS

# **COUNTY SUMMARY**

*Keep all individual reports in the County...do not mail with this form  
Mail form to TAFCE Vice President of Programs*

Region: \_\_\_\_\_ County: \_\_\_\_\_

Year County Summary Reported: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Please complete each column...Do not leave any column blank*

Areas of Work	fce MEMBERS		PEOPLE REACHED		Money Spent
	Number Participating	Hours volunteered	fce members	Non-fce Members	
Education					
Leadership					
Community Action					
<b>TOTAL of Each Column</b>					